

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 8-10-05
NAME OF SERVER (PRINT) William F. Jaworski Jr	TITLE Attorney
Check one box below to indicate appropriate method of service	

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____

☒ Other (specify): Certified mail #7004 0750 0002 6494 7588
Mailed 8-4-05 received by Ernest L. Parker 8-10-05

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 8/26/05

Signature of Server

William Jaworski,
1274 S. Governors Ave.
Dover, DE 19904

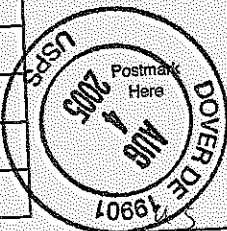
Signature of Server

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11



Sent To
The Honorable Alberto Gonzalez / Dept. Justice
Street, Apt. No., or PO Box No. 950 Pennsylvania Ave NW
City, State, ZIP+4 Washington DC 20530

PS Form 3800, June 2002

See Reverse for Instructions

The Honorable Alberto Gonzalez
US Dept of Justice
950 Pennsylvania Ave NW
Washington, DC 20530

COMPLETE THIS SECTION

2, and 3. Also complete and address on the reverse turn the card to you. the back of the mailpiece, space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) Ernest L. Parker	C. Date of Delivery AUG 10 2005
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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(1) As to who may serve a summons see Rule 4 of ti